

<i>SERFF Tracking Number:</i>	<i>TRVD-125519186</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-02-0114</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing</i>		
<i>Project Name/Number:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114</i>		

Filing at a Glance

Companies: NIPPONKOA Insurance Company Ltd.,(U.S.Branch), The Charter Oak Fire Insurance Company, The Phoenix Insurance Company, The Travelers Indemnity Company, The Travelers Indemnity Company of America, The Travelers Indemnity Company Of Connecticut, Travelers Property Casualty Company of America

Product Name: GL Fungi or Bacteria and SERFF Tr Num: TRVD-125519186 State: Arkansas

Funeral Directors & Morticians Form Filing

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-02-0114

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Margaret Salsbury, Tia Slivinsky

Disposition Date: 03/12/2008

Date Submitted: 03/10/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GL Fungi or Bacteria and Funeral Directors & Morticians Status of Filing in Domicile: Authorized Form Filing

Project Number: 2008-02-0114

Domicile Status Comments: Authorized in CT, Pending in NY

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/12/2008

State Status Changed: 03/12/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

<i>SERFF Tracking Number:</i>	<i>TRVD-125519186</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-02-0114</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing</i>		
<i>Project Name/Number:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114</i>		

Filing Description:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial General Liability form filing for your review and consideration.

With this filing, we are introducing one new optional Fungi or Bacteria Exclusion Form and revising one optional Funeral Directors and Morticians Endorsement for use with our General Liability product. For a detailed explanation of our forms please refer to the enclosed forms transmittal supplement.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Company and Contact

Filing Contact Information

Margaret Salisbury, Senior Regulatory Analyst	MSALSBUR@travelers.com
One Tower Square	(860) 277-6470 [Phone]
Hartford, CT 06183	(860) 954-0580[FAX]

Filing Company Information

NIPPONKOA Insurance Company	CoCode: 27073	State of Domicile: New York
Ltd.,(U.S.Branch)		
One Tower Square	Group Code: 2558	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 98-0032627	

The Charter Oak Fire Insurance Company	CoCode: 25615	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0291290	

The Phoenix Insurance Company	CoCode: 25623	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0303275	

<i>SERFF Tracking Number:</i>	<i>TRVD-125519186</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>NIPPONKOA Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
	<i>Ltd.,(U.S.Branch), ...</i>		
<i>Company Tracking Number:</i>	<i>2008-02-0114</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing</i>		
<i>Project Name/Number:</i>	<i>GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114</i>		

The Travelers Indemnity Company	CoCode: 25658	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0566050	

The Travelers Indemnity Company of America	CoCode: 25666	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 01683	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 58-6020487	

The Travelers Indemnity Company Of Connecticut	CoCode: 25682	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 06-0336212	

Travelers Property Casualty Company of America	CoCode: 25674	State of Domicile: Connecticut
One Tower Square	Group Code: 3548	Company Type:
Hartford, CT 06183	Group Name:	State ID Number:
(860) 277-6470 ext. [Phone]	FEIN Number: 36-2719165	

SERFF Tracking Number: TRVD-125519186 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
 Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-02-0114

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing

Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NIPPONKOA Insurance Company Ltd.,(U.S.Branch)	\$0.00	03/10/2008	
The Charter Oak Fire Insurance Company	\$0.00	03/10/2008	
The Phoenix Insurance Company	\$0.00	03/10/2008	
The Travelers Indemnity Company	\$50.00	03/10/2008	18470797
The Travelers Indemnity Company of America	\$0.00	03/10/2008	
The Travelers Indemnity Company Of Connecticut	\$0.00	03/10/2008	
Travelers Property Casualty Company of America	\$0.00	03/10/2008	

SERFF Tracking Number: TRVD-125519186 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-02-0114
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing
Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

SERFF Tracking Number: TRVD-125519186 State: Arkansas
First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-02-0114
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing
Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: TRVD-125519186 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50

Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-02-0114

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing

Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Fungi Or Bacteria Exclusion - Limited	Approved	Yes
Form	Funeral Directors and Morticians Endorsement	Approved	Yes

SERFF Tracking Number: TRVD-125519186 State: Arkansas

First Filing Company: NIPPONKOA Insurance Company State Tracking Number: EFT \$50

Ltd.,(U.S.Branch), ...

Company Tracking Number: 2008-02-0114

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing

Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Fungi Or Bacteria Exclusion - Limited	CG D4 05 02 08	02-2008	Endorseme New nt/Amendment/Conditions		0.00	CG D4 05 02 08 - Excl-Fungi Bacteria-Ltd-TR.pdf
Approved	Funeral Directors and Morticians Endorsement	CG T3 53 09 07	09-2007	Endorseme Replaced nt/Amendment/Conditions	Replaced Form #:0.00 CG T3 53 06 01 Previous Filing #: 2001-03-GL-A03		CG T3 53 09 07 - Funeral Direc&Mort-TR.pdf

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORM</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Fungi Or Bacteria Exclusion - Limited	CG D4 05 02 08	None	E-GL-O	<p>This new form is intended to exclude “property damage”, “personal injury” and “advertising injury” for exposures resulting from Fungi or Bacteria. This form is more limited in its application than currently approved form CG D2 43 01 02 in that it does not apply to “bodily injury”.</p> <p>This form may be used on hotels and other accounts with swimming pools, steam rooms, saunas, etc. where claims for fungal or staph infections are not uncommon.</p>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**FUNGI OR BACTERIA EXCLUSION - LIMITED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** The following exclusion is added to Paragraph 2., Exclusions of **Section I – Coverage A – Bodily Injury And Property Damage Liability**:

2. Exclusions

This insurance does not apply to:

Fungi or Bacteria

- a.** “Property damage” which would not have occurred, in whole or in part, but for the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any “fungi” or bacteria on or within a building or structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such damage.
- b.** Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, “fungi” or bacteria, by any insured or by any other person or entity.

- B.** The following exclusion is added to Paragraph 2., Exclusions of **Section I – Coverage B – Personal And Advertising Injury Liability**:

2. Exclusions

This insurance does not apply to:

Fungi or Bacteria

- a.** “Personal injury” or “advertising injury” which would not have taken place, in whole or in part, but for the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any “fungi” or bacteria on or within a building or structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury.
- b.** Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, “fungi” or bacteria, by any insured or by any other person or entity.

- C.** The following definition is added to the **Definitions** Section:

“Fungi” means any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents or byproducts produced or released by fungi.

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

<u>FORM TITLE</u>	<u>NEW FORM</u>	<u>REPLACED FORMS</u>	<u>TYPE OF FORM</u>	<u>DESCRIPTION OF FORM</u>
Funeral Directors and Morticians Endorsement	CG T3 53 09 07	CG T3 53 06 01	E-GL-O	<p>We are replacing endorsement CG T3 53 06 01, currently filed in your jurisdiction, with revised endorsement CG T3 53 09 07.</p> <p>This form is being revised to clarify that cremators are included within the professional services coverage.</p> <p>There is no premium impact.</p> <p>The side-by-side comparison on the next pages illustrates in detail the changes we have made along with explanations. [Strikeouts indicate deletions; underlining indicates new wording on the 09 07 edition in the left column].</p>

SIDE-BY-SIDE OF REVISED FORM CG T3 53 09 07 TO REPLACED FORM CG T3 53 06 01

New Form CG T3 53 09 07 with Annotated Changes	Form CG T3 53 06 01 being replaced:	Description of Changes
<p align="center">THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p align="center">FUNERAL DIRECTORS AND MORTICIANS ENDORSEMENT</p> <p>This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART</p> <p>PROVISIONS</p> <p>1. The following is added to paragraph 1.a of Coverage A under COVERAGES (Section I):</p> <p style="padding-left: 40px;">“Bodily injury” or “property damage” arising out of the rendering or failure to render professional services as funeral director, or mortician <u>or cremator</u> shall be deemed to be caused by an “occurrence”.</p> <p>For the purpose of determining the limits for the insurance provided by this endorsement, any act or omission together with all related acts or omissions in the furnishing of these services for any one deceased person will be considered one “occurrence”.</p> <p>2. With respect to such professional services – exclusions g, h, j, (1) (3) (4) (5) & (6), k, and l of Coverage A do not apply to “property damage” to:</p> <p style="padding-left: 40px;">a. Deceased human bodies, their clothing, or cremated remains; or</p> <p style="padding-left: 40px;">b. Caskets, urns, vaults or fittings or containers thereof, not in your possession for sales purposes.</p> <p>3. Only with respect to such professional services, the definition of “bodily injury” (DEFINITIONS – Section V) is deleted and replaced by the following:</p> <p style="padding-left: 40px;">“Bodily injury” means bodily injury, mental anguish, mental injury, shock, fright, disability, humiliation, sickness or disease sustained by a person, including death from any of these at any time.</p> <p>CG T3 53 09 07 © 2007, The Travelers Companies, Inc. <u>Page 1 of 1</u> CG T3 53 06 01 Copyright, The Travelers Indemnity Company, 2001 Page 1 of 1</p>	<p align="center">THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p align="center">FUNERAL DIRECTORS AND MORTICIANS ENDORSEMENT</p> <p>This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART</p> <p>PROVISIONS</p> <p>1. The following is added to paragraph 1.a of Coverage A under COVERAGES (Section I):</p> <p style="padding-left: 40px;">“Bodily injury” or “property damage” arising out of the rendering or failure to render professional services as funeral director or mortician shall be deemed to be caused by an “occurrence”.</p> <p>For the purpose of determining the limits for the insurance provided by this endorsement, any act or omission together with all related acts or omissions in the furnishing of these services for any one deceased person will be considered one “occurrence”.</p> <p>2. With respect to such professional services – exclusions g, h, j, (1) (3) (4) (5) & (6), k, and l of Coverage A do not apply to “property damage” to:</p> <p style="padding-left: 40px;">a. Deceased human bodies, their clothing, or cremated remains; or</p> <p style="padding-left: 40px;">b. Caskets, urns, vaults or fittings or containers thereof, not in your possession for sales purposes.</p> <p>3. Only with respect to such professional services, the definition of “bodily injury” (DEFINITIONS – Section V) is deleted and replaced by the following:</p> <p style="padding-left: 40px;">“Bodily injury” means bodily injury, mental anguish, mental injury, shock, fright, disability, humiliation, sickness or disease sustained by a person, including death from any of these at any time.</p> <p>CG T3 53 06 01 Copyright, The Travelers Indemnity Company, 2001 Page 1 of 1</p>	<p>Cremator is added to the professional services coverage grant for this broadening of coverage.</p>

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FUNERAL DIRECTORS AND MORTICIANS
ENDORSEMENT**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

PROVISIONS

1. The following is added to paragraph **1.a.** of Coverage **A** under COVERAGES (Section I):

“Bodily injury” or “property damage” arising out of the rendering or failure to render professional services as funeral director, mortician or cremator shall be deemed to be caused by an “occurrence”.

For the purpose of determining the limits for the insurance provided by this endorsement, any act or omission together with all related acts or omissions in the furnishing of these services for any one deceased person will be considered one “occurrence”.

2. With respect to such professional services – exclusions **g, h, j, (1) (3) (4) (5) & (6), k, and l** of Coverage **A** do not apply to “property damage” to:

- a.** Deceased human bodies, their clothing, or cremated remains; or
- b.** Caskets, urns, vaults or fittings or containers thereof, not in your possession for sales purposes.

3. Only with respect to such professional services, the definition of “bodily injury” (DEFINITIONS – Section **V**) is deleted and replaced by the following:

“Bodily injury” means bodily injury, mental anguish, mental injury, shock, fright, disability, humiliation, sickness or disease sustained by a person, including death from any of these at any time.

SERFF Tracking Number: *TRVD-125519186* *State:* *Arkansas*
First Filing Company: *NIPPONKOA Insurance Company* *State Tracking Number:* *EFT \$50*
 Ltd.,(U.S.Branch), ...
Company Tracking Number: *2008-02-0114*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing*
Project Name/Number: *GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVD-125519186 *State:* Arkansas
First Filing Company: NIPPONKOA Insurance Company *State Tracking Number:* EFT \$50
Ltd.,(U.S.Branch), ...
Company Tracking Number: 2008-02-0114
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing
Project Name/Number: GL Fungi or Bacteria and Funeral Directors & Morticians Form Filing/2008-02-0114

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- **Review Status:** Approved 03/12/2008
Property & Casualty
Comments:
Attachment:
NAIC Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
The Travelers Companies, Inc.	3548
NIPPONKOA Insurance Company, Ltd.	2558

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Travelers Indemnity Company	CT	25658	06-0566050	
The Charter Oak Fire Insurance Company	CT	25615	06-0291290	
The Travelers Indemnity Company of Connecticut	CT	25682	06-0336212	
The Travelers Indemnity Company of America	CT	25666	58-6020487	
The Phoenix Insurance Company	CT	25623	06-0303275	
Travelers Property Casualty Company of America	CT	25674	36-2719165	
NIPPONKOA Insurance Company, Ltd.	NY	27073	98-0032627	

5. Company Tracking Number	2008-02-0114
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Margaret M. Salsbury Travelers One Tower Square Hartford, CT 06183	Senior Regulatory Analyst	(860) 277-6470	(860) 954-0580	MSALSBUR@Travelers.com

7. Signature of authorized filer	<i>Margaret M. Salsbury</i>
8. Please print name of authorized filer	Margaret M. Salsbury

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 06/01/2008 Renewal: 06/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	03/10/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-02-0114
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In compliance with the insurance laws and regulations in your state, our companies respectfully submit the attached Commercial General Liability form filing for your review and consideration.

With this filing, we are introducing one new optional Fungi or Bacteria Exclusion Form and revising one optional Funeral Directors and Morticians Endorsement for use with our General Liability product. For a detailed explanation of our forms please refer to the enclosed forms transmittal supplement.

Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A - EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-02-0114			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Fungi Or Bacteria Exclusion – Limited	CG D4 05 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Funeral Directors and Morticians Endorsement	CG T3 53 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG T3 53 06 01	NJ Department File Number 01-1348
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		